

**TANF APPLICANTS/DIVERSION SURVEY**  
**DIVERSION CASH ASSISTANCE**

February-April, 2000

Sample ID _____	AU ID# _____
Date of Interview (month/day/year): ____/____/____	Interviewer ID: _____
Enter Start Time: _____ a.m./p.m.	Enter End Time: _____ a.m./p.m.
<b>Interviewer: Unless otherwise indicated, please code Don't Know = 88 and Refusal = 99.</b>	

**Introduction**

*Hello, is this \_\_\_\_\_ (name of client)? My name is \_\_\_\_\_, I am a DSHS interviewer. You may have received a letter letting you know that someone from our office would be calling you to do a survey. The purpose of this follow-up survey is to learn more about the experiences of people who received diversion cash assistance. Your participation in this survey will automatically enter you into a drawing for a grocery store gift certificate of \$100. Please be assured that anything you say during the interview will be kept confidential and your family is not going to lose any benefits you'd otherwise qualify for now or in the future. If I come to any question you prefer not to answer, just let me know and we'll skip over it. May I begin now?*

**AD1. DSHS records show that you received a lump sum emergency payment (or Diversion Cash Assistance) in July, August or September of 1999. What caused you to apply for cash assistance?**

1. Rent overdue/difficulty paying rent
2. Emergency repair for house
3. Emergency car repair
4. My health problems / bills
5. Health problems / bills for other family members
6. I was laid off from my job
7. I was fired from my job
8. I quit my job
9. Marriage/partnership breakup
10. Loss of child support money
11. Loss of other income (SSI, social security, general assistance, spousal)
12. Needed to care for a disabled/sick family member or child
13. Childcare problems/lost child care
14. Other (specify) \_\_\_\_\_

**Please tell me how the cash payment was used (check all that apply).....**

	<u>YES</u>	<u>NO</u>
AD2. Car repair	1	2
AD3. Rent or mortgage payment	1	2
AD4. Utility payment	1	2
AD5. Housing repair	1	2
AD6. Food costs	1	2
AD7. Medical costs	1	2
AD8. Childcare costs	1	2
AD9. Other (specify) _____	1	2

**AD10. Compared to when you received the lump sum payment last July/Aug/Sept, is your family currently.....**

- 1 Much better off
- 2 Somewhat better off
- 3 About the same
- 4 Somewhat worse off
- 5 Much worse off

**AD11. Have you received TANF cash assistance in the months since you got the emergency DCA payment?**

- 1 YES
- 2 NO

**AD12. What was the most important reason why you needed TANF assistance after you received the DCA/emergency payment?**

- 1. *I had unexpected expenses and DCA wasn't sufficient*
- 2. *I was laid off from my job*
- 3. *I was fired from my job*
- 4. *I quit my job*
- 5. *Earnings too low from my current/last job to support my family*
- 6. *Health problem prevented me from working*
- 7. *Marriage/partnership breakup*
- 8. *Loss of child support money*
- 9. *Loss of other income (SSI, social security, general assistance, spousal income)*
- 10. *Needed to care for a disabled/sick family member or child*
- 11. *Childcare problems/lost child care*
- 12. *Other (specify)\_\_\_\_\_*

**AD13. Are you currently receiving TANF cash assistance?**

- 1 YES
- 2 NO

**AD14. What do you need most in order to support your family without cash assistance?**

- 1 *Affordable childcare*
- 2 *Special childcare arrangements*
- 3 *Reliable transportation*
- 4 *Find any job*
- 1 *Find a better job*
- 2 *Work more hours*
- 3 *Improve my health*
- 4 *Additional education or training*
- 5 *Affordable housing*
- 6 *Receive child support money from absent parent*
- 7 *Affordable health coverage for myself and children*
- 8 *Other (specify)\_\_\_\_\_*

**AD15. How likely is it that you will leave TANF cash assistance in the next 6 months?**

- 1 *Very likely*
- 2 *Somewhat likely*
- 3 *Somewhat unlikely*
- 4 *Very unlikely*

**AD16. How likely is it that you will need TANF cash assistance in the next 6 months?**

- 1 *Very likely*
- 2 *Somewhat likely*
- 3 *Somewhat unlikely*
- 4 *Very unlikely*

## TANF APPLICANTS/DIVERSION SURVEY

## ENTRANT

February-April, 2000

Sample ID \_\_\_\_\_

AU ID# \_\_\_\_\_

Date of Interview (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer ID: \_\_\_\_\_

Enter Start Time: \_\_\_\_\_ a.m./p.m.

Enter End Time: \_\_\_\_\_ a.m./p.m.

**Interviewer: Unless otherwise indicated, please code Don't Know = 88 and Refusal = 99.****Introduction**

Hello, is this \_\_\_\_\_ (name of client)? My name is \_\_\_\_\_, I am a DSHS interviewer. You may have received a letter letting you know that someone from our office would be calling you to do a survey. The purpose of this follow-up survey is to learn more about the experiences of people who have applied for cash assistance. Your participation in this survey will automatically enter you into a drawing for a grocery store gift certificate of \$100. Please be assured that anything you say during the interview will be kept confidential and your family is not going to lose any benefits you'd otherwise qualify for now or in the future. If I come to any question you prefer not to answer, just let me know and we'll skip over it. May I begin now?

**DSHS records show that you received TANF cash assistance benefits in October 1999.**

**AE1. Could you tell me what caused you to go on TANF assistance in October?**

1. I was laid off from my job
2. I was fired from my job
3. I quit my job
4. Earnings too low from my current/last job to support my family
5. Health problem prevented me from working
6. Marriage/partnership breakup
7. Loss of child support money
8. Loss of other income (SSI, social security, general assistance, spousal maintenance)
9. Needed healthcare for me and/or family
10. Needed to care for a disabled/sick family member or child
11. Childcare problems/lost child care
12. Other (specify) \_\_\_\_\_

**AE2. Are you currently receiving TANF cash assistance?**

- 1 YES
- 2 NO ☐ skip to AE5

**AE3. What do you need most in order to support your family without cash assistance?**

1. Affordable childcare
2. Special childcare arrangements
3. Reliable transportation
4. Find any job
5. Find a better job
6. Work more hours
7. Improve my health
8. Additional education or training
9. Affordable housing
10. Receive child support money from absent parent
11. Affordable health coverage for myself and children
12. Other (specify) \_\_\_\_\_

**AE4. How likely is it that you will leave TANF cash assistance in the next 6 months?**

- 1 *Very likely*
- 2 *Somewhat likely*
- 3 *Somewhat unlikely*
- 4 *Very unlikely*

**0** Go to AE6

**AE5. How likely is it that you will go back on TANF cash assistance in the next 6 months?**

- 1 *Very likely*
- 2 *Somewhat likely*
- 3 *Somewhat unlikely*
- 4 *Very unlikely*

**AE6. Compared to when you began receiving cash assistance last October, is your family currently.....**

- 1 *Much better off*
- 2 *Somewhat better off*
- 3 *About the same*
- 4 *Somewhat worse off*
- 5 *Much worse off*

**0** If AE2=Yes (currently on TANF) then Go to Section B

**AE7. What was the most important reason that your family stopped getting TANF cash assistance, after going on in October?**

- 1. *Increased income through employment (my own or other adult)*
- 2. *Increased income through other sources (e.g. gifts, child support)*
- 3. *Obtained alternative income (SSI, social security, general assistance, etc)*
- 4. *I chose to leave welfare because sanction was imposed on me*
- 5. *I chose to leave welfare because of my conflict with program requirements*
- 6. *Marriage/Reunification with spouse*
- 7. *Youngest child turned 18 years of age*
- 8. *Lost custody of child(ren)*
- 9. *Concerned about using up the 60-month time limit*
- 10. *Other (please specify)* \_\_\_\_\_

## TANF APPLICANTS/DIVERSION SURVEY

APPLICANT (did not enter)

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Interviewer ID: \_\_\_\_\_

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**Interviewer: Unless otherwise indicated, please code Don't Know = 88 and Refusal = 99.****Introduction**

Hello, is this \_\_\_\_\_ (name of client)? My name is \_\_\_\_\_, I am a DSHS interviewer. You may have received a letter letting you know that someone from our office would be calling you to do a survey. The purpose of this follow-up survey is to learn more about the experiences of people who have applied for cash assistance. Your participation in this survey will automatically enter you into a drawing for a grocery store gift certificate of \$100. Please be assured that anything you say during the interview will be kept confidential and your family is not going to lose any benefits you'd otherwise qualify for now or in the future. If I come to any question you prefer not to answer, just let me know and we'll skip over it. May I begin now?

**AA1. DSHS records show that you applied for TANF cash assistance in October 1999 but did not receive benefits then. What caused you to apply for assistance at that time?**

1. I was laid off from my job
2. I was fired from my job
3. I quit my job
4. Earnings too low from my current/last job to support my family
5. Health problem prevented me from working
6. Marriage/partnership breakup
7. Loss of child support money
8. Loss of other income (SSI, social security, general assistance, spousal income)
9. Needed healthcare for me and/or family
10. Needed to care for a disabled/sick family member or child
11. Childcare problems/lost child care
12. Other (specify \_\_\_\_\_)

**AA2. What happened with your application? That is, did you complete the application process, fail to turn in some documentations, withdraw your application, or ... ?**

1. Finished application process but was denied → skip to AA4
2. Finished application process but I withdrew my application.
3. Didn't complete the application (failed to turn up for appointments, didn't turn in necessary documentation, etc)
4. Other (specify \_\_\_\_\_)

**AA3. What was the main reason that you didn't complete the application, didn't turn in the necessary documentation, or withdrew your application?**

1. My conflict with program requirements (unwilling to comply with WorkFirst)
2. Application process is too much trouble – didn't want to bother with documentation
3. Didn't think I would be eligible
4. I got a better job / better pay / more hours
5. Someone else in household had an increase in income
6. Increased in other income source (child support, SSI, social security, general assistance, etc)
7. Concerned about using up the 60-month time limit
8. Application process made me feel uncomfortable
9. Other (please specify) \_\_\_\_\_

skip to → AA5

**AA4. Why were you denied? (Why didn't you receive benefits?)**

1. *I was unwilling to comply with requirements*
2. *DSHS said I didn't qualify financially (could be error in record)*
3. *DSHS required additional paperwork*
4. *Other (specify \_\_\_\_\_)*

**AA5. Had you ever received TANF cash assistance *before* you applied in October?**

- 1 YES
- 2 NO

**AA6. Have you received TANF *since* the time when you applied in October?**

- 1 YES
- 2 NO → skip to AA11

**AA7. You applied in October but didn't receive benefits at that time. What changed so that you decided to complete your application or re-apply?**

1. *I was laid off from my job*
2. *I was fired from my job*
3. *I quit my job*
4. *Earnings too low from my current/last job to support my family*
5. *Health problem prevented me from working*
6. *Marriage/partnership breakup*
7. *Loss of child support money*
8. *Loss of other income (SSI, social security, general assistance, spousal maintenance)*
9. *Needed healthcare for me and/or family*
10. *Needed to care for a disabled/sick family member or child*
11. *Childcare problems/lost child care*
12. *Rent overdue/difficulty paying rent*
13. *Other (specify)\_\_\_\_\_*

**AA8. Are you currently receiving TANF assistance?**

- 1 YES
- 2 NO → skip to AA11

**AA9. What do you need most in order to support your family without cash assistance?**

1. *Affordable childcare*
2. *Special childcare arrangements*
3. *Reliable transportation*
4. *Find any job*
5. *Find a better job*
6. *Work more hours*
7. *Improve my health*
8. *Additional education or training*
9. *Affordable housing*
10. *Receive child support money from absent parent*
11. *Affordable health coverage for myself and children*
12. *Other (specify)\_\_\_\_\_*

**AA10. How likely is it that you will leave TANF cash assistance in the next 6 months?**

- 1 *Very likely*
- 2 *Somewhat likely*
- 3 *Somewhat unlikely*
- 4 *Very unlikely*

**0** Go to AA12

**AA11. How likely is it that you will go on TANF cash assistance in the next 6 months?**

- 1 *Very likely*
- 2 *Somewhat likely*
- 3 *Somewhat unlikely*
- 4 *Very unlikely*

**AA12. Compared to when you applied for TANF assistance last October, is your family currently.....**

- 1 *Much better off*
- 2 *Somewhat better off*
- 3 *About the same*
- 4 *Somewhat worse off*
- 5 *Much worse off*

\*\*\*\*\*

### **Section B: LABOR MARKET EXPERIENCE**

**B1. Have you worked in the last 12 months?**

- 1 YES   
2 NO

**B2. Have you ever worked continuously for 3 months or longer?**

- 1 YES  
2 NO

**B3. When was the last time you worked continuously for 3 months or longer (either part-time or full-time)?** (enter the beginning and ending month/year)

B5a. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ B5b. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_   
Begin MONTH YEAR End MONTH YEAR

**B4. Are you currently employed?**

- 1 YES   
2 NO

**B5. What is the main reason that you are not working/didn't work in the last 12 months?**

- 1 I am/was in school
- 2 I was fired
- 3 I was laid off
- 4 I quit my job
- 5 I chose to stay home to care for my child(ren)
- 6 I have been looking but can't seem to find any job
- 7 I can't/couldn't find the kind of job I want
- 8 I can't/couldn't work because of health reasons
- 9 I can't/couldn't arrange childcare
- 10 I can't/couldn't arrange transportation
- 11 I am not looking for work because I do not believe I can find any
- 12 Other(specify)\_\_\_\_\_

**B6. Is your primary work seasonal (such as farm work, fishing industry etc.)? [to clarify: Do you typically work a lot in certain seasons, such as summer and fall, and work less at other times?]**

- 1 YES  
2 NO

**B7. How many weeks did you work in the last 12 months?**

\_\_\_\_\_ # of weeks

**B8. How many employers did you work for in the last 12 months?**

\_\_\_\_\_ # of employers

**Now, I'd like to ask you about your current or most recent job (if you have/had more than one job simultaneously, please tell me about the one with the longest hours).**

**B9. How many months and years have/had you worked at this job?**

\_\_\_\_\_ # OF YEARS

\_\_\_\_\_ # OF MONTHS

**Interviewer recode: TOTAL \_\_\_\_\_ # OF MONTHS**

**B10. Are/were you self-employed at this job?**

1 YES ☐ skip to B18

2 NO

**Were you offered any of the following benefits by your employer (regardless of your actual use):**

	YES=1	NO=2	NOT NOW BUT WILL HAVE IT LATER
B11. Paid sick leave?	1	2	3
B12. Financial help with child care?	1	2	3
B13. Retirement benefits?	1	2	3
B14. Paid annual leave?	1	2	3
B15. Healthcare plan?	1	2 <input type="checkbox"/> skip to B18	3 <input type="checkbox"/> skip to B18

**B16. Are/were you actually enrolled in your employer sponsored healthcare plan?**

1 YES ☐ skip to B18

2 NO

**B17. Why aren't/weren't you enrolled in your employer sponsored healthcare plan?**

- 1 Too expensive
- 2 Don't/didn't need it (have/had other coverage)
- 3 Don't/didn't need it (never get sick)
- 4 Don't/Didn't like the plan offered
- 5 Other (specify \_\_\_\_\_)

B18b. If you have/had more than one job, how many hours do/did you work at the other job(s) each week?"

**B18. On average, how many hours do/did you work each week (at your primary job)?**

\_\_\_\_\_ # OF HOURS

**B18b. If you have/had more than one job, how many do/did you work at the other job(s) each week?**

\_\_\_\_\_ # OF HOURS (enter 0 if respondent has only 1 job)

**Interviewer check: If B18 is 35 or greater @skip to B20**

**B19. What is the main reason that you are/were not working full-time (at your primary job)?**

1. *Can't/couldn't find full time work*
2. *Can't/couldn't work full time because I was/am in school/training*
3. *Can't/couldn't work full time because of childcare problems (e.g. can't find after hour care)*
4. *Can't/couldn't work full time because of health reasons*
5. *Can't/couldn't work full time because of transportation problems*
6. *Don't/didn't want full time work*
7. *Employer doesn't offer full-time work*
8. *Other (please specify) \_\_\_\_\_*

**B20. Generally, do you work .....**

- 1 *Weekdays*
- 2 *Weekends*
- 3 *A combination of both*

**B21. Which of the following best describes your work shift?**

1. *Days (work stretch between 6am-5:59pm)*
2. *Swing shift (work stretch between 3pm-10:59pm)*
3. *Graveyard shift (work stretch between 11pm-6:59am)*
4. *Split shifts (work more than one shift per day e.g., waitress)*
5. *Rotation (e.g. switch between days/swing/graveyard on a regular basis)*
6. *Irregular (e.g. A combination of hours that cut across days, evenings, or nights)*

**B22. What is/was the distance one way from your residence to work?**

\_\_\_\_\_ MILES

**B23. What is/was the typical method of transportation that you use to get to work?**

1. *Family car*
2. *Friend's car*
3. *Bus/ferry*
4. *Carpool*
5. *Bicycle*
6. *Walk*
7. *Other*

**B24. Approximately how much do/did you make per hour at this job before taxes? (at your primary job)**

\$\_\_\_\_\_/HOUR

**B25. Approximately how much do/did you make per month at this job before taxes? (1 month=172 hours=4.3 weeks)**

\$\_\_\_\_\_/MONTH

**B26. What is/was your occupation (e.g. what do you do or make on the current/most recent job)?**

\_\_\_\_\_  
(record the response as given)

**Interviewer recode: \_\_\_\_\_ (refer to occupation code table, attachment A)**

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### Section C: EDUCATION/TRAINING

*Next are some questions about your education and training.*

**C1. Starting from the first grade, how many years of formal schooling have you completed?**  
(including vocational school and college)

\_\_\_\_\_ YEARS

**C2. What is the HIGHEST grade or academic degree that you have completed?**

- 1 Less than high school diploma or GED
- 2 GED
- 3 High school diploma
- 4 Vocational/technical certificate
- 5 Took some college courses without high school/GED completion
- 6 Took some training or college courses after high school, but did not complete a degree
- 7 2-year college degree (AA/AS)
- 8 4-year college degree (BA/BS)
- 9 Took some graduate school courses but didn't complete a degree
- 10 A graduate or professional degree (e.g. MA, MS, PH.D., MD, JD, DVM)

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### Section D: FAMILY COMPOSITION AND CHILDCARE

**D1. What is your current marital status?**

- 1 Separated
- 2 Divorced
- 3 Widowed
- 4 Never married
- 5 Married @Go to D3

**D2. Are you currently living with a spouse-like partner?**

- 1 YES
- 2 NO @skip to D4

**D3. Is your spouse/partner currently employed?**

- 1 YES
- 2 NO

**D4. How many persons, other than yourself, between the ages of 16 and 65 live in your household?**

\_\_\_\_\_ NUMBER OF PERSONS

**D5. How many of these individuals have worked for pay in the last 6 months?**

\_\_\_\_\_ NUMBER OF PERSONS

**D6. Within the last 6 months, has there been a change in your family structure ?**  
(e.g. marriage, divorce, family member addition or someone moving in or out)

- 1 YES
- 2 NO @skip TO D17

***I'm going to list some possible changes. Please tell me if you had any of the following changes in the last 6 months.***

	YES	NO
D7. I got married.....	1	2
D8. I got a divorce.....	1	2
D9. I separated from my spouse/spouse-like partner.....	1	2
D10. I moved in with a spouse-like partner or vice versa.....	1	2
D11. I moved in with extended family (parents, siblings...).....	1	2
D12. My child/children moved out.....	1	2
D13. My child/children moved in with me.....	1	2
D14. Birth of child.....	1	2
D15. Other family member moved in or out.....	1	2
D16. Other (specify).....	1	2

***The next set of questions are about your children and childcare.***

**D17. Currently, how many dependent children under 18 live in your household?**

\_\_\_\_\_ TOTAL NUMBER OF DEPENDENT CHILDREN

**D18. Are you currently expecting a baby?**

- 1 YES (if 0 child in D17@go to E1)
- 2 NO (if 0 child in D17@go to E1)

**D19. What is/are the ages of your child(ren), starting with the youngest child?**

*(record up to 6 children under 18, if child under 1, record months as decimal, e.g. 2 mo.=0.02 yr or 10 months = .10 yr )*

Youngest	2nd	3 <sup>RD</sup>	4TH	5 <sup>TH</sup>	6 <sup>TH</sup>
_____/YEARS	_____/YEARS	_____/YEARS	_____/YEARS	_____/YEARS	_____/YEARS

**Interviewer check D19: if child is 13 and over, stop collecting childcare data on this child. If all children are 13 and over →go to E1.**

**D20. Are there times when you personally are not caring for your children (such as when you're working, training, or looking for work)? Exclude times when the child is in school.**

- 1 Yes
- 2 NO @Go to family well-being questions, starting E1

**D21. At these times when you aren't caring for your child/ren, who is the primary caretaker for each child?**

Youngest	2nd Youngest	3 <sup>rd</sup> Youngest	4 <sup>th</sup> youngest
____CODE	____CODE	____CODE	____CODE

**Childcare codes**

1 Other parent/step-parent	7 Preschool/head start/ECAP (early childhood assistance program)
2 Spouse-like partner	8 Child cares for self
3 Older siblings(step-siblings)	9 Multiple providers
4 Grandparent or other relative	10 Day-care center
5 Family home daycare facility	11 Other arrangement
6 Baby sitter	

**D22. How many hours per week is this child in this arrangement? (exclude when the child is in school)**

\_\_\_\_\_HOURS

\_\_\_\_\_HOURS

\_\_\_\_\_HOURS

\_\_\_\_\_HOURS

**D23. Is DSHS paying for any of your childcare?** (e.g. *WORKING CONNECTIONS CHILD CARE* for working parents with income less than 175% of federal poverty level for as long as their income is below that level. There is always a co-pay on a sliding scale, with a minimum of \$10)

1 YES →Go to D25

2 NO

**D24. Of the following reasons, which best describes why you are not receiving DSHS assistance for your child care costs?**

1. No need for DSHS child care
2. Too much hassle to apply for DSHS child care
3. Could not find care provider who would accept DSHS reimbursement
4. No transportation to child care providers
5. Child too sick/disabled to get a care provider
6. Was not aware of DSHS child care assistance program
7. Didn't think I qualified
8. DSHS won't pay my provider
9. DSHS says I am not eligible for child care subsidies
10. I tried to contact DSHS for assistance but got no response
11. Other (specify) \_\_\_\_\_

**Interviewer:** @Skip to D26

**D25. How much is your monthly copay (i.e. how much does the state ask you to pay for your childcare)?**

\$\_\_\_\_\_/MONTH @Skip to D27

**D26. Approximately how much do you pay the provider per month for each child (enter 0 if free childcare)?**

*Youngest* \_\_\_\_\_ *Next Youngest* \_\_\_\_\_ *3<sup>rd</sup> Youngest* \_\_\_\_\_ *4<sup>th</sup> Youngest* \_\_\_\_\_

\$\_\_\_\_\_/MONTH

\$\_\_\_\_\_/MONTH

\$\_\_\_\_\_/MONTH

\$\_\_\_\_\_/MONTH

**D27. What was the main reason you chose the current childcare arrangement for each child** (circle only one per child)?

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
The care is free.....	1	1	1	1
The care is affordable.....	2	2	2	2
Quality of care.....	3	3	3	3
Flexible hours .....	4	4	4	4
Convenience .....	5	5	5	5
Provider is someone I know and trust.....	6	6	6	6
Provider is licensed.....	7	7	7	7
Provider accepts DSHS reimbursement.....	8	8	8	8
No provider available.....	9	9	9	9
Other reasons .....	10	10	10	10

**D28. Overall, how satisfied are you with this childcare arrangement? Would you say you are ...**  
(circle only one per child)

	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
Very satisfied .....	1	1	1	1
Somewhat satisfied.....	2	2	2	2
Dissatisfied.....	3	3	3	3
Very dissatisfied.....	4	4	4	4

\*\*\*\*\*

### Section E: HEALTH AND MEDICAL COVERAGE

*Next, I'd like to ask a few questions about your health and medical coverage.*

**E1. Do you have any physical or mental conditions that limit your work or daily life activities?**

- 1 YES  
2 NO

**What is/are the conditions that limit your work or daily life activities (check all that apply)?**

	<b><u>YES</u></b>	<b><u>NO</u></b>
E2. Vision problems.....	1	2
E3. Hearing problems.....	1	2
E4. Difficulties walking .....	1	2
E5. Difficulties lifting or carrying something..... as heavy as 10 pounds.	1	2
E6. Difficulties in the movement of fingers, ..... wrists, elbows, or shoulders	1	2
E7. Mental health problems.....	1	2
E8. Learning disabilities .....	1	2
E9. Chronic health conditions (back, diabetes, MS etc.).....	1	2
E10. Other disabilities (specify.....)	1	2

**E11. Do you have any health care coverage or insurance for yourself, including DSHS medical coupons?**

- 1 YES   
2 NO

**E12. What is the main reason that you are without any health care coverage?**

- 1 No need for it because I rarely get sick and it is not worth spending the money on the premiums
- 2 I considered Basic Health Plan but decided it was too expensive
- 3 I applied for medical assistance and was denied
- 4 My application for medical assistance is being processed
- 5 My medical coupons were stopped
- 6 I can't afford it and don't know if I qualify for any medical assistance
- 7 Employer offered a plan but didn't enroll
- 8 Employer will provide it later
- 9 Other (specify) \_\_\_\_\_

Next, I am going to read a list of types of health care coverage that people may have. As I read each one, please tell me whether you have this type of health care coverage (circle one for each question)?

	YES	NO
E13. Washington State Basic Health Plan (state sponsored health insurance for anyone not eligible for Medicare, with premium on a sliding scale) (800-826-2444 BHP info)	1	2
E14. Medicaid/medical coupons/healthy options.....	1	2
E15. Medicare.....	1	2
E16. Self-paid private plan .....	1	2
E17. My employer/union sponsored plan .....	1	2
E18. Spouse's employer/union sponsored plan.....	1	2
E19. Indian Health Service.....	1	2
E20. Other health care plan.....	1	2

**E21. Are you aware that certain low income families qualify for medical assistance or medical coupons (Medicaid) even if they are not receiving cash assistance?**

- 1 YES
- 2 NO

Interviewer check: if R reported no child, @go to Section F

**E22. Do any of your children have health care coverage or insurance, including DSHS medical coupons?**

1. YES
2. NO @go to E24
3. Some do and some don't
4. Don't know (e.g child not living with me) @go to E25

**E23. Which of the following best describes the type of healthcare coverage for each of your children? (Be sure to circle Medicaid if child has Medicaid plus some other plan)**

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Washington State Basic Health Plan.....	1	1	1	1
Medicaid/medical coupons/healthy options.....	2	2	2	2
Self-paid private plan.....	3	3	3	3
Employer sponsored plan.....	4	4	4	4
Coverage through absent parent.....	5	5	5	5
Multiple coverage <u>but no Medicaid</u> .....	6	6	6	6
Multiple coverage <u>including Medicaid</u> .....	7	7	7	7
Indian Health Service.....	8	8	8	8
Military health plan.....	9	9	9	9
Covered by other plan.....	10	10	10	10
Child is not covered.....	11	11	11	11

Interviewer: skip to Section F

**E24. What is the main reason that your child(ren) is/are without any health coverage?**

- 1 No need for it because my child(ren) rarely get sick and it is not worth spending the money on the premiums
- 2 I considered BHP for my child but decided it was too expensive
- 3 I applied for medical assistance for child but was denied
- 4 My application for medical assistance for my child is being processed
- 5 My child(ren)'s medical coupons were stopped
- 6 I can't afford my child(ren)'s coverage and don't know if we qualify for any medical assist.
- 7 My employer offered a plan but I did not enroll
- 8 Employer will provide it later
- 9 Other (specify) \_\_\_\_\_

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### Section F: FAMILY WELL-BEING

*Now, I'd like to ask some questions about family well-being, starting with experiences of your children.*

- If R did not report any children, then ® skip to F17
- If there aren't any children age 10 or older ®go to F3

**F1. Have any of your children (has your child) ever been arrested by the police or taken into custody for an illegal or delinquent offense?**

- 1 YES
- 2 NO

**F2. Have any of your children (has your child) dropped out of school or been suspended during the last 6 months?**

- 1 YES
- 2 NO

**F3. Have any of your child(ren) been hospitalized for at least one overnight stay in the last 6 months?**

- 1 YES
- 2 NO

**Note to Interviewer:** the computer will randomly select a child (of those aged 6-17). If there is no child age 6 or older, skip to F17

*Now I'd like to ask a few questions about the health and well-being of your \_\_\_\_ (age of randomly selected child) year old.*

**F4. What is his or her first name? \_\_\_\_\_**

**F5. In general, would you say that (child's name)'s health is.....**

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

**F6. Does (child) have a physical, learning, or mental health condition that limits [his/her] participation in the usual kinds of activities done by most children [his/her] age?**

- 1 YES
- 2 NO

*I am going to read a list of concerns that parents sometimes have about their children. For each item, please tell me if it has been never true, sometimes true, or often true for (child) .....*

	<u>Never true</u>	<u>Sometimes true</u>	<u>Often true</u>
<b>F7. He/she doesn't get along with other kids</b>	1	2	3
<b>F8. He/she can't concentrate or pay attention for long</b>	1	2	3
<b>F9. He/she has been unhappy, sad, or depressed</b>	1	2	3

If child is between age 6 to 11 →skip to F13.

(12 to 17 year olds)

	<u>Never true</u>	<u>Sometimes true</u>	<u>Often true</u>
<b>F10.</b> He/she has trouble sleeping	1	2	3
<b>F11.</b> He/she does poorly at schoolwork	1	2	3
<b>F12.</b> He/she lies or cheats	1	2	3

→Skip to F16.

(6 to 11 year olds)

<b>F13.</b> He/she expresses feelings of worthlessness or inferiority	1	2	3
<b>F14.</b> He/she has been nervous, high-strung, or tense.	1	2	3
<b>F15.</b> He/she acts too young for his/her age.	1	2	3

**F16.** Has (child) been suspended or expelled from school during the last 6 months:

- 1 YES
- 2 NO

*Now we'd like to ask about your experiences.*

*In the last 6 months, have you experienced any of the following?*

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>F17.</b> Taken an extended leave from a job (longer than a week) for a health reason (excluding child-birth)	1	2	3(didn't work)
<b>F18.</b> Quit a job for health reasons (excluding child-birth)	1	2	3(didn't work)
<b>F19.</b> Saw a mental health professional for help with any nervous, emotional, or mental health problems?	1	2	

**F20.** In the last 6 months, how many times (if ever) has your spouse or partner pushed, hit, kicked, or slapped you?

- 1 Never [@go to F22](#)
- 2 Once
- 3 2-3 times
- 4 More than 3 times

**F21.** For the most recent time, had either you or your spouse been drinking alcohol during or prior to the incident?

- 1 YES
- 2 NO

*In the last 6 months, how often have you experienced the following problems, if at all? Please tell me whether the statement was true: never, once, sometimes, or often.*

**F22.** "The food that we bought just didn't last and we didn't have money to get more."

- 1 Never true
- 2 Once true
- 3 Sometimes true
- 4 Often true

**F23. "We couldn't afford to eat balanced meals."**

- 1 Never true
- 2 Once true
- 3 Sometimes true
- 4 Often true

**F24. How often did you or other members of your family cut the size of your meals because there wasn't enough money for food?**

- 1 Never →go to F26
- 2 Once
- 3 Sometimes
- 4 Oftentimes

**F25. Did this (cutting size of meals) happen to adults, children, or both?**

- 1 Adults
- 2 Children
- 3 Both adults and children

**F26. How often did you or other members of your family skip meals because there wasn't enough money for food?**

- 1 Never →go to F30
- 2 Only once
- 3 Sometimes
- 4 Oftentimes

**F27. Did this (skipping meals) happen to adults, children, or both?**

- 1 Adults
- 2 Children
- 3 Both adults and children

**F28. Did you or other members of your family go without food all day because there wasn't enough money for food?**

- 1 Never →go to F30
- 2 Once
- 3 Sometimes
- 4 Often

**F29. Did this (not eating all day) happen to adults, children, or both?**

- 1 Adults
- 2 Children
- 3 Both adults and children

**F30. Did you ever eat less than you felt you should because there wasn't enough money to buy food?**

- 1 YES
- 2 NO

**F31. xxx**

**F32. In the last 6 months, have you been without a permanent place to live and ended up staying temporarily with friends or relatives?**

- 1 Never
- 2 Once
- 3 Twice
- 4 Three or more times

**F33. On the most recent occasion when you stayed with friends or relatives, how long did you stay?**

\_\_\_\_\_ (# days) *If still staying with friends/relatives, write number of days until now.*

**F34. Have there been times in the last 6 months when you needed a place to stay and didn't or couldn't stay with friends or family?**

- 1 YES
- 2 NO

**F35. Where did you end up staying?**

- 1 In a shelter
- 2 Car
- 3 On the street
- 4 Campground
- 5 Other (specify) \_\_\_\_\_

***In the last 6 months, have you experienced any of the following.....***

	<u>Never</u>	<u>Once</u>	<u>Sometimes</u>	<u>Often</u>
<b>F36.</b> Your gas or electricity was cut off	1	2	3	4
<b>F37.</b> You got evicted from your home because you couldn't keep up the payments	1	2	3	4
<b>F38.</b> Childcare was terminated by provider because you couldn't keep up the payments	1	2	3	4
<b>F39.</b> Not able to arrange transportation for essential 1 family functions (i.e. transportation to work, or childcare provider, or doctor's appointments)		2	3	4
<b>F40.</b> Child had to spend time in foster care	1	2	3	4
<b>F41.</b> You experienced drug/alcohol problems	1	2	3	4

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### Section G: INCOME AND USE OF RESOURCES

***In the last 6 months, have you or anyone in your household used any of the following resources/services?***

	<u>1=YES</u>	<u>2=NO</u>
<b>G1.</b> Food stamps? .....	1	2
<b>G2.</b> Emergency food from food banks, food pantry, or church?.....	1	2
<b>G3.</b> Free/reduce-priced school meals for your child(ren) .....	1	2
<b>G4.</b> Housing assistance? (e.g. public housing, section 8 voucher) .....	1	2
<b>G5.</b> Energy assistance? .....	1	2
<b>G6.</b> Emergency shelter?.....	1	2
<b>G7.</b> DSHS emergency assistance?(CEAP with income < 90% of grant level)1 (if client is DCA: do not count DCA[TANF lump sum payment])		2
<b>G8.</b> Assistance from charitable organizations? (e.g. churches, or the Salvation Army) .....	1	2
<b>G9.</b> Family violence counseling service ? .....	1	2
<b>G10.</b> Drug/alcohol treatment? (including AA etc.) .....	1	2

***Now I have a few questions about the financial resources available to your family.***

**G11. If any, what is the monthly amount of your court-ordered child support?**

\_\_\_\_\_DOLLARS PER MONTH

**G12. What is the ACTUAL amount of child support you received for last month?**

\_\_\_\_\_DOLLARS

***In the last 6 months, have you received any help from your family/friends/roommates with the following living expenses?***

	<u>YES</u>	<u>NO</u>
<b>G13.</b> Help paying for rent (or free rent)	1	2
<b>G14.</b> Help paying for groceries	1	2
<b>G15.</b> Help paying for utilities	1	2
<b>G16.</b> Gifts of money of \$100 or more	1	2

**G17. What is your current monthly rent/mortgage payment (or your portion if rent is shared)?**

\_\_\_\_\_ \$ per month (enter 0 if client receives free room)

**G18. Do you intend to file for Earned Income Tax Credit (EITC) for tax year 1999?** (if you made less than 27,000 from work in 1999 and had at least one child, you are likely to be eligible for EITC. Call 800-755-5317 EITC hotline for more information).

- 1 YES
- 2 NO, NOT AWARE OF EITC
- 3 NO, DID NOT QUALIFY
- 4 NO (for other reasons)

**Please tell me the amount of income your family received last month from the following sources. If you did not receive anything for a particular item, please say so.**

- G19.** Your before tax earnings from work? ..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G20.** Before tax earnings from other family members ..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G21.** Social security..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G22.** Unemployment compensation..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G23.** Supplemental security income (SSI)? ..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G24.** General assistance income (GA)? ..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G25.** Worker's compensation, or disability  
Insurance payments or benefits? ..... \$\_\_\_\_\_/MONTH (if None, enter 0)
- G26.** Other income (excluding TANF grant)?..... \$\_\_\_\_\_/MONTH (if None, enter 0)

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## SECTION H: DEMOGRAPHICS

**Finally, I have a few general questions.**

**H1. Which of the following best describes your citizenship status? Are you a...**

- 1 US citizen by birth ☐ skip to H3
- 2 US citizen by naturalization
- 3 Legal permanent resident
- 4 None of the above

**H2. How many consecutive years have you lived in the U.S.?**

\_\_\_\_\_ # of YEARS (if less than one year, enter 0)

**H3. How many consecutive years have you lived in the State of Washington?**

\_\_\_\_\_ # of YEARS (if less than one year, enter 0)

**H4. In the last 5 years, did your family move across county (or state or country) lines?**

- 1 YES
- 2 NO ☐ skip to H9

**H5. What was the most recent month and year that your family moved across county (or state or country) lines?**

\_\_\_\_\_ month/year (interviewer: please use mm/yy format. E.g. 0198 = January 1998)

**H6. What is the zip code of your current place of residence?**

\_\_\_\_\_ Current Zip Code

**H7. Where (city and state) was your last place of residence that was in another county or state?**

City \_\_\_\_\_ State \_\_\_\_\_

**H8. Which of the following best describes the reason for your most recent move across county or state lines?**

- 1 Job opportunity
- 2 Family reunion or family obligations
- 3 Educational opportunities for self or children
- 4 Better housing arrangement
- 5 Better welfare benefits
- 6 Left an abusive relationship
- 7 Get a new start / better lifestyle
- 8 Health reasons / better medical care
- 9 Other reasons (please specify) \_\_\_\_\_

**H9. Are you of Hispanic origin?**

- 1 YES
- 2 NO

**H10. Which of the following best describes your race?**

- 1 White
- 2 Black
- 3 Asian/pacific islander
- 4 American Indian, Aleut, or Eskimo
- 5 Other

**H11. Is English the primary language spoken in your home?**

- 1 YES
- 2 NO

**H12. What is your relationship to the youngest child in your household?**

- 1 Birth mother
- 2 Step-mother
- 3 Birth father
- 4 Step-father
- 5 Grandparent
- 6 Aunt/uncle
- 7 Other relative
- 8 Non-relative guardian
- 9 None of the above
- 10 I do not have any child living with me

**That was my last formal question.**

**H13. Are there things about your well-being that we might have missed with these survey questions? That is do you have any comments you'd like to make that will help us better understand your situation?**

- 1 YES
- 2 NO →skip to H15

**H14. Comments (text)**

**Thank you very much for taking the time to complete this survey. Your name will be placed in the grocery drawing.**

**H15. Interviewer:** Please circle the gender of the respondent:

- 1 Male
- 2 Female

**H16. Interviewer:** Please code English proficiency of the respondent. Would you say the respondent has ...

- 1 No language problem
- 2 Slight language problem but not a barrier for most jobs
- 3 Moderate language problem (may not fit for some jobs)
- 4 Severe language problem (may be a contributing factor for not getting a job)

**H17. Interviewer:** Did the completion result from the respondent contacting you on the toll-free line?

- 1 YES (client contacted me)
- 2 NO (I contacted the client)

**H18. Interviewer:** Is there something about the respondent (not captured in the responses) that would help us understand his/her situation?

- 1 YES
- 2 NO

**H19. What?** (type *brief* comments)